



## Provider Bulletin

# SYNAGIS™ PROGRAM

**Subject: Synagis™ - authorization and product delivery program**

**Background:** Synagis™, palivizumab, is a humanized monoclonal antibody produced by recombinant technology, directed to the respiratory syncytial virus (RSV). Synagis™ is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients at high risk of RSV disease. Safety and efficacy were established in infants with bronchopulmonary dysplasia (BPD) and infants with a history of prematurity, and children with hemodynamically significant congenital heart disease (CHD).

**RSV Season:** RSV season is established by evaluating information submitted to the National Respiratory and Enteric Virus Surveillance System (NREVSS) that tracks the positive antigen tests monthly. This data suggests that there is a distinct seasonal peak for most RSV infections. The RSV season may vary by region. Doses will be available beginning in October through March.

**Rules:**

**For infants born 31 weeks, 6 days gestation or less: If the request is approved, the number of authorized doses is based upon the month of the first dose, but not to exceed a total of five (5) doses during RSV season.**

**For infants born 32 weeks, 0 days through 34 weeks, 6 days gestation: If the request is approved, the number of authorized doses shall not exceed three (3) and will only be authorized while the infant is less than 90 days postnatal age, during RSV season.**

**Procedure: Outpatient treatment with Synagis™ requires Plan authorization.** Unison will review requests, based on *American Academy of Pediatrics guideline for RSV prophylaxis*. All requests for Synagis™ must be directed to the Pharmacy Department. Attached is a Synagis™ worksheet that should be completed and forwarded to the Plan to initiate the review process.

When authorized, Unison will coordinate delivery of the product through the contracted pharmacy supplier. In order to prevent delays, please remember that **all requests must be initially directed to the Unison Pharmacy Department.**

Requests for the following states may be sent via fax to Unison:

PA, SC, OH, and the District of Columbia - (412) 457-1328 or (866) 639-7785